	ARTMENT O	F PUI	BLIC	HEALTH AND WE			1 M	OF DEATH	4.09	764	-0400)29
DO NOT WRITE ON THIS STUB	AMENDE	D H	FIL	oistration District No.	<u> 1962 </u>	rimary Registratio	on District No.	: Registrar's N	100	63	2-046	DABER 029
			1.	PLACE OF DEATH	1302		······································	III	ENCE (Where de		. If institution:	Residence before
VS 300 Rev. 4/59	AMENDED		a. COUNTY a. STATE MO. b. COUNTY If Journ b. COUNTY I Journ c. CITY b. COUNTY I Journ c. CITY							edmission)		
	NA I			OR .	, -	• •	Length of stay in	OR TOWN	Lomov			Inside Limits Yes No
1	Α			c. FULL NAME OF (If N	Louis, Mo 101 in hospital, give to		Inside Limit		Lemay	If outside, gi	ve location)	Reside on Farm
170003	X [a]		. <u> </u>	HOSPITAL OR INSTITUTION	Incarnate	Wd Hosp	Yes No	ADDRESS	718 Ze	eiss_		Yes No
3	1 -		3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont	h Day	Year
4 -				(Type or print)	Jaco	ob Br	rachtendo	cf_	DEATH		28, 196	
_ *					6. COLOR OR RACE	7. Married Widowed	Never Married Divorced	n 1		· · · -	Months Days	R IF UNDER 24 HR Hours Min.
5 #				ale	<u>white</u>		BUSINESS OR INDU	<u> </u>	<u>, 11884</u> 7 E (City and state o	78		WHAT COUNTRY
6	s			duting most of working Retired		ie i ioo. Kino oi	003111C33 OX 114D0	1	Louis,	· · · · · · · · · · · · · · · · · · ·	USA	WHAT COUNTRY
7 0	Folto			. FATHER'S NAME		13b. <i>i</i>	MOTHER'S MAIDEN N		14.	NAME OF HL	USBAND OR WIFE	
8 42	요]			Peter Brach	ntendorf		irgaret P					tendorf
	\			WAS DECEASED EVER I s, no, or unknown) (If y			SOCIAL SECURITY NO	17. INFORMANT		7. Mo ^{Ac}		
	ا ا ا	_		18. CAUSE OF DEATH (Enter only one cause I	per line		Frances I	<u>Brachter</u>	naori		SS,
10	₹	OCUMEN	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 11. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) DUE TO (c) DUE TO (c) DUE TO (c)								NET AND DEATH	
11	RECORD SAD OF)										
	9 III I I						1-1					
12/3-0	₩ X	ğ		Condition	s, if any,) DUE TO	ь <u>Нупе</u>	rtensive	heart-disc	ease		^	jean
12/2.5		DOG		which gav above ca	ve rise to buse (a), }	о (b) <u>Нуре</u>	rtensive	heart-dis	ease 420	.1	^	<i>years</i>
13	INSTE	DOO		which gav above ca stating th lying cau	ve rise to buse (a), buse (a), buse last. DUE TO							years_
13	NO HIS	OO	TION	which gav above ca stating th lying cau	ve rise to buse (a), buse (a), buse last. DUE TO	CONDITIONS C	ONTRIBUTING TO D	ATH but not related		PART III		was female was
13	NO HIS	OOO	FICATION	which gas above ca stating th lying cau PART II.	ver itse to puse (a), to under- use last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITIONS C	ONTRIBUTING TO D	ATH but not related	to the terminal	PART III	there a pregna	No Unknown
13	NO HIS	OOO	CERTIFICATION	which gas above ca stating th lying cau PART II.	or rise to pure rise (a), the under- use last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITIONS C	ONTRIBUTING TO D	ATH but not related	to the terminal	PART III	there a pregna	No Unknown
13 63	NO HIS	OO		which gas above ca stating th lying cau PART II.	or rise to pure rise (a), the under- use last. DUE TO OTHER SIGNIFICANT disease condition give	CONDITIONS COMPART I (a)	ONTRIBUTING TO D	ATH but not related	to the terminal	PART III	there a pregna	No Unknown
13 63	INSTE	OO	MEDICAL CERTIFICATION	which gas above ca stating the lying cau. PART II. PART III. PERFORMED? PERFORMED? PERFORMED? PERFORMED? NO III. 20c. TIME OF Houle a.m. p.m.	we rise to puse (a), lee under-use last. DUE TO disease condition give the condition give	CONDITIONS COOM PART I (a)	ONTRIBUTING TO D	ATH but not related W*> to ta HOW INJURY OCCURR	to the terminal . ED. (Enter nature	PART III	there a pregna	ncy in lest 90 days. No Unknown of item 18.)
RIBBON C3	NO HIS	OO		which gas above ca stating the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO BY 19. WAS AUTOPSY PERFORMED? YES NO BY 19. WAS AUTOPSY PERFORMED? As m. as m.	Month, Day, Year Month, Day, Year 20e, PLA familiar to be presented to the presented to t	CONDITIONS COOM PART I (a)	ONTRIBUTING TO D	ATH but not related W*> to ta HOW INJURY OCCURR	to the terminal . ED. (Enter nature	PART III	there a pregna	No Unknown
RIBBON C3	AMENDMENTS ON THIS	DOO		which gas above castaing the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO BY NO	Month, Day, Year DIE TO OTHER SIGNIFICANT disease condition give Month, Day, Year OTHER SIGNIFICANT DIE TO OTHER SIGN	CONDITIONS COOR PART I (a)	ONTRIBUTING TO D	ATH but not related W > Io Io HOW INJURY OCCURR 20f. CITY, TOWN,	ED. (Enter nature	PART III	there a pregna	ncy in lest 90 days. No Unknown of item 18.)
RIBBON C3	READ AMENDMENTS ON THIS READ INSTI	OO		which gas above ca stating the lying cau. PART II. PART II. PERFORMED? YES NO (1) 20c. TIME OF Hout INJURY 8.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK I	Month, Day, Year DIE TO OTHER SIGNIFICANT disease condition give Month, Day, Year OTHER SIGNIFICANT DIE TO OTHER SIGN	CONDITIONS COOR PART I (a)	ONTRIBUTING TO D	ATH but not related W > Io Io HOW INJURY OCCURR 20f. CITY, TOWN,	ED. (Enter nature	of injury in P	PART I or PART I	No Unknown of item 18.) STATE
RIBBON C3	READ AMENDMENTS ON THIS READ INSTI	0		which gas above ca stating the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO (B) 20c. TIME OF Hould INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK INOT WHILE W	Month, Day, Year Mased from 11 4 5 8	CONDITIONS COOR PART I (a)	ONTRIBUTING TO D	ATH but not related W > Io Io HOW INJURY OCCURR 20f. CITY, TOWN,	ED. (Enter nature	of injury in P	PART I or PART I	No Unknown of item 18.) STATE
13 63	AMENDMENTS ON THIS	OF D		which gas above ca stating the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO 12 20c. TIME OF Hout INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at—	Month, Day, Year Massed from 11452	CE OF INJURY (e.g., factory, street, or fille)	ONTRIBUTING TO D	20f. CITY, TOWN, the date stated above	OR LOCATION and last saw him and to the best	of injury in P	COUNTY COUNTY COUNTY	STATE STATE 22c, DATE SIGNED 10 lest 90 days. STATE
RIBBON C3	SHOULD READ INSTE	VIT OF D		which gas above castaing the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO BY YES NO BY 19. WAS AUTOPSY PERFORMED? NO BY 19. WAS AUTOPSY PERFORMED? YES NO BY 19. WAS AUTOPSY PERFORMED. Y	Month, Day, Year Massed from 11 4 5 2 23b. DATE	CE OF INJURY (e.g., factory, street, compared title)	g., in or about home office bldg., etc.)	20f. CITY, TOWN, 12 the date stated above 22b. ADDRESS 3530 A	OR LOCATION and last saw him and to the best 23d. LOCATION	of injury in P alive on of my knowl	COUNTY COUNTY COUNTY COUNTY COUNTY	No Unknown I of item 18.) STATE STATE 22c. DATE SIGNED 10 - 29 - 62. (State)
RIBBON C3	READ AMENDMENTS ON THIS READ INSTI	OF D	WEDICAL T	which gas above constaining the lying cau. PART II. 19. WAS AUTOPSY PERFORMED? YES NO (B) 20c. TIME OF Hould INJURY OCCURRED WHILE AT WORK INDIVING AUTOMATION (B) 21. I attended the decended the d	me rise to puse (a), lee under-use last. DUE To puse (a), lee under-use last. DUE To puse (a), lee under-use last. DUE To puse (a) puse (a	CE OF INJURY (e.g., factory, street, or fitte) 23c. NAW Rest	ONTRIBUTING TO D	20f. CITY, TOWN, 12 the date stated above 22b. ADDRESS 3530 A	OR LOCATION and last saw hims, and to the best 23d. LOCATION St. LOCATION	of injury in P alive on of my knowl	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	No Unknown I of item 18.) STATE STATE 22c. DATE SIGNED 10 - 29 - 62. (State)

or on neitman 35.30 arsenal 130 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Jain Jan Jassan
	Licensed Embalmer No. 4242
	P. O. Address ST Louis SNO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embaimed, fact should be so stated above.